

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

COMMENTS

DATE FILED

7 AAC 12.010

surgical cases from cross-infection from unclean or infectious surgical cases.

(3) Anesthesia

(A) Anesthesia shall be administered by a person adequately trained and competent in anesthesia administration, or under the close supervision of a physician.

(B) Suitable equipment for the administration of the type of anesthesia used shall be available. Where conductive flooring is installed in anesthetizing areas, all equipment shall have safety features as reflected in reference listed below.

(C) Oxygen and equipment for its use shall be available.

(D) Proper provision shall be made for the safe storage of anesthetic materials as reflected in reference listed below.

Part II of Standard No. 56, current issue, entitled "Recommended Safe Practice for Hospital Operating Rooms" published by the National Fire Protection Association, 60 Batterymarch Street, Boston 10, Massachusetts, which part of said standard is hereby adopted by reference as Standards of the Department of Health and Social Services.

(4) Obstetrical Department

(A) Hospitals providing for the obstetrical care of maternity patients shall have a delivery room or rooms in a ratio commensurate with the size of the hospital, scrub-up facilities, clean-up facilities, and space for the storage of obstetrical supplies and instruments. The obstetrical suite shall be located to prevent routine traffic through it to any other part of the hospital. An exception is made for those hospitals which, on the effective date of these Regulations, provide a single room which is used for both surgery and delivery purposes. Scrub-up facilities, clean-up facilities, and space for the storage of supplies and instruments shall be provided in such hospitals. Precautions shall be taken to avoid cross-infection.

(B) The delivery room shall be of sufficient size to accommodate the personnel and equipment needed.

(C) There shall be satisfactory illumination of the delivery field as well as general illumination.

(D) One labor bed for each ten maternity beds, or fraction thereof, should be provided in a labor room or rooms adjacent to or in the delivery suite unless the patient's own room is used for labor. It is suggested that the labor room be acoustically-treated and provided with a toilet and lavatory.

(E) Maternity patients shall not be placed in rooms with other than maternity patients.

(F) Minimum Equipment Requirements for Delivery Room. The following shall be provided in the delivery room:

(i) Equipment for anesthesia and for the administration of oxygen to the mother;

(ii) a source of oxygen with a mechanism for controlling the concentration of oxygen and with a suitable device for administering oxygen to the infant;

(iii) a safe and suitable type of suction device for cleaning the infant's upper respiratory tract of mucus and other fluid;

(iv) a properly heated bassinet for reception of the newborn infant. This shall include no hazardous electrical equipment;

(v) sterile equipment suitable for clamping, cutting, tying and dressing the umbilical cord;

(vi) provision for the prophylactic treatment of the infant's eyes;

(vii) a device, as well as an established procedure, for easy and positive identification of the infant before removal from the delivery room. This shall be of a

type which cannot be inadvertently removed during routine care of the infant;

(viii) sterile supplies and equipment for the administration of blood and intravenous, or subcutaneous solutions, shall be readily available. Acceptable arrangements shall be made for the provision of whole blood whenever indicated.

(G) Maternity patients with infection, fever or other conditions, or symptoms which may constitute a hazard to other maternity patients, shall be isolated immediately in a separate room which is properly equipped for isolation in an area removed from the obstetrical department.

(5) Nursery Department

(A) Each hospital with a maternity service shall provide at least one newborn nursery for the exclusive use of well infants delivered within the institution. The number of bassinets provided shall be at least equal to the number of maternity beds. It is suggested that each newborn nursery be limited to twelve bassinets. Each nursery should be provided with a lavatory with goose-neck spout and other than hand-operated faucets.

(i) In hospitals constructed after the effective date of these Regulations, the total nursery space, exclusive of the work room, shall provide a floor area of at least 24 square feet for each bassinet, with a distance of at least two feet between each bassinet and aisle space of at least three feet.

(ii) Hospitals operating as of the effective date of these Regulations, should comply with subsections (i), (5), (A) of this section, to the extent possible, but no hospital should have a nursery area which provides less than 18 inches between each bassinet and an aisle space of at least three feet, exclusive of the work room or work area.

(iii) Each bassinet should be mounted on a single stand and be removable to facilitate cleaning.

(iv) An observation window should be installed between the corridor and nursery to facilitate the viewing of infants.

(v) Each nursery department shall have one or more incubators whereby temperatures, humidity and oxygen can be controlled and measured.

(vi) A separate premature nursery and work room are advisable for hospitals with 25 or more maternity beds, on the basis of 30 square feet per incubator and a maximum of six incubators per nursery.

(vii) It is suggested that the oxygen concentration be checked by measurement with an oxygen analyzer at least every eight hours, or that an incubator attached, minus 40 per cent oxygen concentration limiting device be used.

(6) Examination and Work Room

(A) An adjoining examination and work room shall be provided for each nursery or between each two nurseries.

(B) The work room shall be of adequate size to provide facilities necessary to prepare personnel for work in the nursery, for the examination and treatment of infants by physicians, for charting, for storage of nursery linen, for disposal of soiled linen, for storage and dispensing of feedings and for initial rinsing of bottles and nipples.

(C) Each work room shall be provided with a scrub-up sink, having foot, knee, or elbow-acting controls; counter with counter sink having a goose-neck spout and other than hand-operated controls.

(D) Hospitals operating as of the effective date of these Regulations shall comply with subsections (i), (6), (A), (B), (C) of this section, to the extent possible, but if a separate examination and work room is not provided, there shall be a segregated examination and work area in the nursery. The work area shall be of adequate size and provide the facilities and equipment necessary to prepare personnel for work in the nursery.

DATE REC'D. 1-14-4	1-14-4	4-15-4
EFFECTIVE DATE 1-1-4	74-1	DATE TO STATE
COMMENTS	③ 0	DATE FILED

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

DATE FILED 7 AAC 12.010

treatment of infants by physicians, for storage of nursery linen and for the dispensing of feedings.

(7) Space and equipment for clean-up preparation and refrigeration to be used exclusively for infant formulas, should be provided apart from care areas and apart from other food service areas. A registered nurse or a dietitian should be responsible for the formula preparation.

(8) There shall be a room available for the care of newborn infants suspected of having a communicable disease and for newborn infants admitted from the outside. Where a suspect nursery is available, it should provide 40 square feet per bassinet with a maximum of six bassinets, and have a separate work room. Isolation technique should be used in the suspect nursery.

(9) Infants found to have an infectious condition shall be transferred promptly to an isolation area elsewhere in the hospital.

(j) Pediatric Services

(1) A hospital providing for care of children shall have registered nursing personnel commensurate with the needs of the hospital and the size of the service.

(2) Hospitals providing pediatric care shall have proper facilities for the caring of children apart from the services for adult patients, apart from the newborn nursing service, and there shall be proper facilities and procedures for the isolation of children with infectious, contagious, or communicable conditions.

(k) Psychiatric Services:

(1) Upon admission to the hospital, the doctor's written orders for psychiatric patients should indicate whether or not there will be a need for seclusions, restraints, special nurse, or attendant. If there is a question with respect to the need for seclusion, restraints, special nurse, or special attendant which arises *after* the patient has been admitted, such order should be given by the doctor. If such order is a verbal telephone order, it should be signed by the doctor within 24 hours. If there are special

quarters for a psychiatric patient in the hospital, then these rooms should be used for psychiatric patients unless specific physician's orders to the contrary are written in the medical record. If a general acute patient is occupying the psychiatric room when it is needed for a psychiatric patient, orders to remove the general acute patient must be written in the patient's medical record by his attending physician. If there is a nurse on the staff who has had training in the care of the psychiatric patient, the hospital should establish a course to be given to their practical nurses, nurse aides, and attendants in the care of psychiatric patients.

(2) The use of mechanical restraints is to be avoided. If used, they shall be applied only on written order of the physician-in-charge.

(3) Patients shall be placed in seclusion only by written order of the physician-in-charge. The placing of more than one patient in a single room for seclusion is prohibited.

(4) No patient may be placed in mechanical restraints or seclusion unless there is a nurse or nurse attendant continually on the immediate floor to watch the patient.

(5) Sharp instruments, knives, ice picks, matches, or other objects which might be used for homicidal or suicidal purposes, must never be available to the patients without supervision.

(l) Food Service and Food Sanitation

(1) The Preparation and Service of Food

(A) The dietary department shall be under the supervision of a trained dietitian or other person experienced in the handling, preparation, and serving of foods; in the preparation of special diets; and in the supervision and management of food service personnel. This person shall be responsible for compliance with safe practices in food service and sanitation.

(B) There shall be sufficient space and equipment for the proper preparation and serving of food for both patients and personnel. The kitchen shall be used for no other purpose than activities connected with the dietary service and the washing and

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.010

storage of dishes and utensils. A dining room or rooms shall be provided for personnel. It is recommended that a separate dishwashing area or room be provided.

(C) Food for patients and employees shall be nutritious, free from contamination, properly prepared, palatable, and easily digestible. A file of the menus served shall be maintained for at least 30 days.

(D) All foods shall be sorted and served so as to be protected from dust, flies, rodents, vermin, unnecessary handling, overhead leakage, and other means of contamination. All readily perishable food shall be stored in clean refrigerators at a temperature of 50 degrees Fahrenheit or lower. Each refrigerator shall be equipped with a thermometer.

(E) All fluid milk, cream, and milk products should be safe for human consumption. Where pasteurized milk is not available, condensed, evaporated or dried milk shall be used. Ice used in contact with food or drink shall be obtained from a source acceptable to the Department of Health and Social Services and handled and dispensed in a sanitary manner.

(F) Handwashing facilities with hot and cold running water, soap, and individual towels shall be accessible for the use of all food handlers and so located in the kitchen to permit direct observation by the supervisor. No employee shall resume work after using the toilet room without first washing his hands.

(G) Dishwashing Facilities and Methods. Either of the following methods may be employed in dishwashing:

(i) Manual. A three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load for a period sufficient to permit complete air-drying. Water-heating equipment capable of maintaining the temperature of the water in the disinfection compartment

at 170 degrees Fahrenheit shall be provided. Drain boards shall be part of the three-compartment sink and adequate space shall be available for drainage. The dishes shall be washed in the first compartment of the sink with warm water containing a suitable detergent; rinsed in clear water in the second compartment; and disinfected by complete immersion in the third compartment for at least two minutes in water at a temperature not lower than 170 degrees Fahrenheit. Temperature readings shall be determined by a thermometer. Dishes and utensils shall be air-dried.

(ii) Mechanical. Water pressure in the lines supplying the wash and rinse section of the dishwashing machine shall not be less than 15 pounds per square inch nor more than 30 pounds per square inch. The rinse water shall be at a temperature not lower than 180 degrees Fahrenheit at the machine. The machines shall be equipped with thermometers which will indicate accurately the temperature of the wash water and rinse water. Dishes and utensils shall be air-dried.

(H) All rooms in which food is stored, prepared, or served, or in which utensils are washed, shall be well-ventilated. The cooking area shall be ventilated to control temperatures, smoke and odors.

(I) Garbage shall be disposed of in a manner acceptable to the Department of Health and Social Services. When stored, it shall be retained in water-tight metal cans equipped with tightly fitting metal covers. All containers for the collection of garbage and refuse shall be kept in a sanitary condition.

(J) Conveniently located toilet and lavatory facilities shall be provided for employees engaged in food handling. Toilet rooms shall not open directly into any room in which food is prepared or utensils are handled or stored.

DATE REC'D. 1-14-74	SUB. # 74-1	DATE TO D. C. 4-15-74
EFFECTIVE DATE 1-1-74	(P) O	DATE TO STATE "
COMMENTS		DATE FILED "

1-14-4

4-15-4

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7-AAC 12.010

(A) The water supply shall be of safe sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which meets the requirements of 7 AAC 14. Hot water of a temperature required for its specific use shall be available as needed. For the protection of patients and personnel, thermostatically controlled valves shall be installed where indicated.

(B) Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system which is acceptable to the Department of Health and Social Services.

(C) The plumbing and drainage, or other arrangements for the disposal of excreta and wastes shall be in accordance with the Regulations of the Department of Health and Social Services.

(D) The toilets shall be conveniently located and provided in number ample for use according to the number of patients and personnel of both sexes. The minimum requirement is one toilet for each eight patients or fraction thereof.

(E) Handwashing facilities of the proper type in each instance shall be readily available for physicians, nurses and other personnel. Lavatories shall be provided in the ratio of at least one lavatory for each eight patients or fraction thereof. Lavatories shall be readily accessible to all toilets. Individual towels and soap shall be available at all times. The use of the common towel is prohibited.

(F) A bathtub or shower shall be provided in the ratio of at least one tub or shower for each 30 patients or fraction thereof.

(G) Outside openings including doors and windows shall be properly screened or otherwise protected to prevent the entrance of flies, mosquitoes, and other insects.

(m) Physical Plant

(1) The hospital structure and its equipment shall be kept in good repair and operated at all times with regard for the health, treatment, comfort, safety and well-being of the patients and personnel.

(2) Fire protection for the hospital shall be provided in accordance with the requirements of the State Fire Marshal. All hospitals shall have a written fire manual, outlining a plan for the movement of patients to a safe location in case of fire. Approval by the State Fire Marshal of the fire protection of a hospital should be a pre-requisite for licensure.

(3) Walls, floors and ceilings shall be kept clean and in good repair at all times. They shall be of a type to permit good maintenance including frequent washings, cleaning, or painting.

(4) Lighting

(A) All areas shall be adequately lighted.

(B) All lighting and electrical fixtures, including emergency lighting in operating rooms, delivery rooms and spaces where explosive gases are used or stored, shall comply with standards as reflected in Part II of Standard No. 56, current issue, entitled "Recommended Safe Practice for Hospital Operating Rooms" published by the National Fire Protection Association, 60 Batterymarch Street, Boston 10, Massachusetts, which part of said Standard is hereby adopted by reference as Standards of the Department of Health and Social Services.

(C) Safe emergency lighting equipment shall be provided and distributed so as to be readily available to personnel on duty in the event of a power failure. There shall be at least a battery operated lamp with vapor-proof switch, in readiness at all times, for use in the delivery and operating rooms.

(D) The heating system shall be capable of maintaining temperatures adequate for the comfort and protection of all patients at all times.

(E) Kitchens, laundries, toilet rooms and utility rooms shall be ventilated by windows

Register 62, July 1977

HEALTH AND SOCIAL SERVICES

page 15

7 AAC 12.010

7 AAC 12.040

or mechanical means to control temperatures and offensive odors. If ventilation is used in operating rooms, delivery rooms, or other anesthetizing areas, the system shall conform to the requirements of these Regulations 7 AAC 12.020(e)(1) for Hospital Construction and Equipment.

(F) All stairways and ramps shall be provided with handrails on both sides and with nonskid treads.

(G) All dangerous areas and equipment shall be provided with proper guards and appropriate devices to prevent accidents. Elevators, dumbwaiters and machinery shall be so constructed and maintained as to comply with all local and State Fire Code, and as reflected in "Safety Code for Elevators, Escalators, and Dumbwaiters," A 17.1, published by the American Standards Association, Incorporated, 70 East 45th Street, New York 17, New York. All electrical wiring, appliances, fixtures and equipment shall be installed to comply with the requirements of the State Fire Code and local Codes and where not covered, they shall comply with Standards as reflected in reference NBFU No. 70, entitled "National Electrical Code" published by the National Board of Fire Underwriters, 85 John Street, New York 7, New York, and said Standard is hereby adopted by reference as Standards of the Department of Health and Social Services.

(H) An incinerator shall be provided for the safe disposal of infected dressings, surgical and obstetrical wastes and other similar materials.

(I) Adequate telephone service shall be provided in order to assure efficient service and operation of the institution and to summon help promptly in case of emergency.

(J) The hospital shall make provision for the proper laundering of linen and washable goods. Where linen is sent to an outside laundry, the hospital shall take reasonable precautions to see that contaminated linen is properly handled.

(K) Space shall be provided for the storage of supplies and equipment. Corridors shall not be used as storage areas.

(n) Hospitals devoted to the care of tuberculous patients and hospitals having departments for the care of tuberculous patients shall meet the requirements as reflected in the Minimal Medical and Administrative Standards for Tuberculous Hospital Administration, current issue, as promulgated by the American Trudeau Society, 1790 Broadway, New York, New York, which appears in the American Review of Tuberculosis and Pulmonary Diseases, Volume 72, Number 5, and is hereby adopted by reference as Standards of the Department of Health and Social Services. (In effect before 7/28/59)

Authority: AS 18.20.020

AS 18.20.030

AS 18.20.040

AS 18.20.060

7 AAC 12.020. REGULATIONS FOR HOSPITAL CONSTRUCTION AND EQUIPMENT. Repealed. (Eff. 4/28/77, Reg. 62)

7 AAC 12.030. PREPARATION OF PLANS AND SPECIFICATIONS FOR HOSPITALS. Repealed. (Eff. 4/28/77, Reg. 62)

7 AAC 12.040. LICENSING, OPERATION, AND MAINTENANCE OF NURSING HOMES.

(a) Licensing Requirements

(1) Any person or persons desiring to establish, conduct, or maintain, or who holds out, represents or advertises by any means, the establishment, maintenance or conducting of a nursing home as defined in these requirements, shall obtain a license from the Department of Health and Social Services. The use of the name or title "Nursing Home" by any person or persons to identify a facility for the care and treatment of human illness other than a facility subject to the licensure provisions of these requirements is prohibited.

(2) Application for license to operate a nursing home shall be furnished upon request made to the Department of Health and Social Services.

(3) The licensee is the officer or member of staff or governing body on whom rests the

DATE RECEIVED

SUB. #

DATE TO D.C.

EFFECTIVE

DATE TO STATE

741

(corrected)

Oct 6, 1978
Oct 1, 1978
Amend. cover 78-17
of lic. standards

11/22/78
11/22/78
11/22/78

responsibility for maintaining approved standards for the institution.

(4) A license is valid only for the licensee and premises named in the license.

(5) Separate licenses are required for institutions maintained on separate premises, even though they are operated under the same management. Provided, however, that several separate licenses are not required for separate buildings on the same ground.

(6) The license shall be posted in a conspicuous place on the premises, in the public lobby or waiting room of the institution.

(7) Each license to operate a nursing home shall expire on June 30 following the date of issue, and if a renewal is desired, the licensee shall make application at least 30 days prior to the expiration date upon a form adopted by the licensing agency.

(8) Revocation of a License

(A) A license issued to any nursing home will be suspended or revoked by the licensing agency in any case where the agency finds that there has been a substantial failure to

DATE RECD.

Oct 6, 1978

Oct 1, 1978

Amend. Cover
of standards

Health

DATE TO D.C.

11/22/78

11/22/78

11/22/78

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.040

comply with the requirements established under the Nursing Home Licensing Law, AS 18.20.

(B) A license may be revoked if the agency, upon investigation, finds that any illegal act affecting the welfare of a patient in the institution has been permitted.

(9) Each license shall be returned to the agency immediately upon its suspension or revocation, or if the institution voluntarily ceases operation.

(b) Definitions

(1) Nursing home: A facility which is operated in connection with a hospital or in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery within the state for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term "nursing home" shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than 24 hours per day to individuals admitted because of illness, disease or physical or mental infirmity.

(2) Hospitalization: Within the meaning of the Hospital Licensing Law, "hospitalization" is defined as the reception and care of any person for the purpose of providing room, board, and nursing service and nursing home facilities required in connection with the diagnosis and treatment of any condition or infirmity.

(3) Medical staff: The medical staff of a nursing home shall be defined as an organized body composed of all individuals who are appointed to the staff of a nursing home by its governing board.

(4) Registered nurse: A registered nurse shall be a person graduated from a school of nursing and who is currently registered in the State of Alaska.

(c) General Provisions

(1) When any individual or group in a given locality believes a need exists for a nursing home and would like to investigate the need for and possibilities of such a nursing home, the Department of Health and Social Services shall be so notified in writing. The Department of Health and Social Services shall thereupon make available to such body all the latest information relative to nursing home needs in that area. Nothing in these regulations shall prohibit the development of a nursing home in any location, provided such nursing home meets the standards of construction, equipment, licensing, maintenance, and operation as prescribed in these regulations.

(2) When the occupancy rates of a nursing home are determined by the Department of Health and Social Services to be so excessively high as to thereby create serious overcrowding and interference with the provision of proper care for patients, the Department of Health and Social Services shall so inform the governing body which shall thereupon make provisions for expansion of the bed capacity and needed services, or make other arrangements to alleviate such conditions.

(d) Administration of Nursing Homes

(1) Non-Profit Corporation

(A) There shall be a Board of Directors, Board of Trustees, or other similar body in each institution which shall be the supreme authority in the nursing home responsible for its management, control and operation, the appointment of the medical staff, the conservation and use of nursing home moneys, and the formulation of administrative policy:

(i) It should be composed of at least three representative residents in the area served by the institution, or as many more additional members who need not be such residents, as are required to effect efficient direction. It is recognized that a nursing home operated by a religious order or body may have an established governing body as its supreme authority which may be composed and organized of officials or members of such religious body or organization and in accordance

DATE REC'D.	1-14-4	74-1	4-18-4
EFFECTIVE DATE	1-1-4	7-57	
COMMENTS			

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.040

with the practice or rule thereof, notwithstanding lack of residence in the area served by the institution. For such nursing home, operated by a religious organization, it is recommended that a local board of residents be established to act as the authority in all matters which may be delegated to it by the rule of the organization and to act in an advisory capacity and referral authority to the supreme authority of the organization.

(ii) The governing body shall consist of at least a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.

(iii) It shall conduct regular meetings and such special meetings as are required.

(iv) The governing body of the institution shall notify the Department of Health and Social Services within 30 days, in writing, of the termination of the service of the administrator as well as of the appointment, name, and address of the new administrator, including dates of change.

(B) All institutions shall have an administrative officer, superintendent, or director, who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. The administrative officer shall have charge of and be responsible for the administration of the institution. After September 15, 1972 no nursing home will qualify for licensure unless it is administered by a nursing home administrator who is licensed by the Alaska Nursing Home Administrators Licensing Board.

(2) Profit Corporation: (Organized and Operated for Profit)

(A) The owner, partners, or in the case of a private corporation, the board of trustees of a profit-making nursing home, shall carry out the same functions reserved for the governing body of a non-profit institution. Such persons, or board, shall be the ultimate

authority in the nursing home responsible for the formulation of its policies, management, control, and operation, including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients, and such other duties and responsibilities as are necessary to carry out the purpose of the institution. The owner, partner, or the board of trustees of any privately incorporated nursing home shall certify to the Department of Health and Social Services the names, addresses, occupations, or professions of the owners

(i) Any changes in the ownership or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Health and Social Services within 30 days of the date on which such change occurred.

(ii) The owner, partner, or the board of trustees of any profit-making nursing home shall notify the Department of Health and Social Services within 30 days, in writing of the termination of service of the administrator as well as of the appointment, name, and address of the new administrator, including date of change.

(B) All profit-making institutions shall have an administrative officer, superintendent or director. He shall be selected by the person or persons exercising the ultimate authority in each institution. He shall be responsible for carrying out the policies of the owners and for the overall administration of all departments and branches in the institution. After September 15, 1972 no nursing home will qualify for licensure unless it is administered by a nursing home administrator who is licensed by the Alaska Nursing Home Administrator Licensing Board.

(3) The Medical Staff

(A) All persons admitted to the nursing home shall be under the professional care of a licensed physician.

DATE REC'D.	SUB. #	DATE TO D. C.
7-14-4	74-1	4-15-4
EFFECTIVE DATE		DATE TO STATE
1-1-4		

Register 45, April 1973

HEALTH SERVICES

DATE FILED 7 AAC 12.040

(B) No medication or treatment shall be given to a patient except on the written order of a licensed physician. Emergency orders, given by telephone shall be reduced to writing immediately upon receipt and shall be signed by the licensed physician within 24 hours after the order is given.

(C) All nursing homes shall have a licensed physician available on call for emergencies at all times; provided, however, this regulation shall not apply during such time that any nursing home is without the services of a licensed physician and/or every diligent effort has been made to secure a competent licensed physician. Provided further, that in no event shall any nursing home be without a competent licensed physician for any reasonable time not to exceed three months.

(4) Personnel

(A) Written policies, procedures, rules, and regulations shall be established for the administrative and technical guidance of the personnel of the entire nursing home. Employees shall be instructed in the requirements, policies, and procedures pertaining to their respective duties.

(B) At all times there shall be enough qualified personnel on duty to provide the standard of care and maintenance in the nursing home, which is necessary for the well-being of the persons received for care. This includes night duty, vacation, and other relief periods. A record shall be kept of the length of services of each employee.

(C) Nursing Personnel

(i) The department of nursing shall be organized to provide complete and efficient nursing care to each patient, and the authority, responsibility, and function of each nurse shall be clearly defined.

(ii) All graduate nurses employed in a nursing home must be licensed in the State of Alaska to practice their profession. Temporary permits shall be honored for such period as may be reasonably necessary to permit final action on the nurse's application for a

license by the Alaska Nurses' Examining Board for the state but in no case shall the temporary permit be for a longer period than three months. Licenses must be renewed annually, in accordance with the state law, AS 08.68. Nurses employed by a nursing home to practice are subject to immediate restrictions from the practice of nursing in such nursing home upon recommendation of the Nurses' Examining Board of the State of Alaska when such recommendation precedes denial of license to practice in the state.

(iii) The superintendent or director of nursing service shall be a competent and well-trained person, with administrative and executive ability, and she shall be a graduate nurse and currently licensed to practice in the State of Alaska.

(iv) Supervisors and head nurses shall have had preparation courses and experience commensurate with the responsibility of the specific assignment.

(v) Applications for employment as a professional or practical nurse shall be submitted in writing to the person responsible for nursing personnel, and each application shall contain accurate information as to the education, training, experience, and personal background of each applicant. Professional and practical nurses already licensed to practice in the state shall submit their current state license, or registration card to the person responsible for the nursing personnel for review. Such responsible person shall maintain a continuing record of the current registration numbers of professional and practical nurses on the staff, and shall be responsible seeing that all professional and practical nurses on the staff maintain renewal of their licensure. Duties of the professional and practical nurse staff shall be clearly defined and not in conflict with restrictions in responsibilities set forth in the Alaska Nurse Practice Act, AS 08.68. They shall be instructed in all duties assigned to them.

(vi) There shall be regular meetings of